

Patient 6– Observer Information Week 4			
Setting	Inpatient Renal Unit		
Scenario	Patient admitted to hospital 2 days ago for DKA, which was treated in ICU. She was found to have decreased renal function and was admitted to the renal unit for further treatment after blood sugars under control. Home meds were held in ICU.		
Patient Information	Name: Ana Garcia DOB: 1/17/1964 Race: Hispanic Room #: 325 Gender: Female Age: 57 Patient ID #: 387026 Allergies: NKDA, flu vaccine makes her sick		
CC	Patient was brought to the ER 2 days ago by her husband because she was disoriented and didn't feel well. She has been very thirsty lately so drinking more and needing to go to the bathroom frequently.		
HPI	Patient was diagnosed with diabetes 10 years ago. She started taking metformin, but it upset her stomach, so she quit. She has been taking glyburide since then but was told not to take it if she had alcohol, so she skips it frequently at dinner since she usually has a drink with dinner. She also frequently misses morning doses when she is running late and doesn't make breakfast at home. She doesn't check her blood sugar and has not been to her primary care provider in a few years because she hasn't been sick. Her pharmacist just calls for refills when she runs out.		
Family History	Mother- died of stroke at age 77 Father- had heart attack at age 65 but still alive at age 80	PMH	HTN, Type 2 diabetes, hyperlipidemia
Social History	• Works in an office • Married 40 years next year with 3 grown children and 4 grandkids • Does not use tobacco • Usually has a glass of wine or cocktail with dinner • Occasionally smokes marijuana to relax • Drinks a couple of cups of coffee daily • Goes for a walk with her husband every evening after dinner • No illicit drugs (marijuana is not really a drug)	Vaccine History	Usual childhood vaccines Tetanus 9 years ago Shingles 2 years ago No flu vaccine—makes her sick COVID fully vaccinated and boosted

Physical Exam	• HEENT: Blurry vision, dizziness is better • Neck: supple, no JVD or HJR • Lungs: CTA • Heart: RRR • Abdomen: obese, soft, nontender, +BS, nausea has resolved • Extremities: Decreased pulses and sensation in lower extremities. • Neurological: A&O x3 Cranial nerves II-XII are grossly intact						
VS	BP: 145/90	HR: 82	RR: 16	T: 98.2 F	O2 sat 99%	Wt: 86 kg	HT: 5'5"
Labs	Na: 144 mEq/L	BUN: 42 mg/dL	Hgb: 13.5 g/dL	RBC 4.9 x 10 ³ /mm ³			
	K: 4.9 mEq/L	SCr: 2.8 mg/dL	Hct: 33%	WBC: 7.65 X 10 ³ /mm ³			
	Cl: 98 mEq/L	Glu: 248 mg/dL		Plt: 270 X 10 ³ /mm ³			
	CO2: 18 mEq/L						

Hospital orders written

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
Insulin Lantus	15 units	SC	At bedtime daily	2100	2100 (yesterday)	
Insulin Lispro	5 units	SC	Before each meal	0730/1130/1730	0730 (today)	Adjust using sliding scale
IV D5-1/2NS	60 ml/hr	IV	Continuous infusion		0400 (today)	
Enoxaparin	40 mg	SC	Daily	0900	0900 (today)	For VTE prophylaxis
Famotidine	20 mg	PO	BID	0900/2100	0800 (today)	Stress ulcer prophylaxis
Acetaminophen	650 mg	PO	Q4h prn			For pain or fever
Ondansetron	4 mg	PO	Q4h prn		2100 (2 days ago)	For nausea

Home Medication List: Verified by pharmacy on admit

Medication:	Allergies:
Glyburide 5 mg PO BID AC for diabetes	NKDA
Benazepril 10 mg PO daily for blood pressure (takes at bedtime)	
Rosuvastatin 20 mg PO daily for cholesterol (takes at bedtime)	
Black Cohosh (unknown strength) 2 capsules PO daily for menopause (takes at bedtime)	
Women's multivitamin with iron 1 PO daily (takes at bedtime)	
Cinnamon 1000 mg PO daily for diabetes	
Fish oil 1000 mg PO daily for cholesterol	
Famotidine 20 mg PO at bedtime prn reflux	

Jayhawk Medical Center

Medication Discharge Plan/Prescriptions

Patient Name: Ana Garcia
 Primary Diagnosis: DKA
 Community Pharmacy: Jayhawk

Discharge Date: 9/XX/20XX
 Allergies: penicillin--rash

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Insulin Lantus	15 units SC at HS daily		X			X
Insulin Lispro	5 units SC TID AC		X			X
IV D5-1/2NS	60 ml/hr continuous	Stop IV prior to discharge			X	
Enoxaparin	40 mg SC daily	Used for prophylaxis in hospital—DC on discharge			X	
Famotidine	20 mg PO BID	Used for prophylaxis in hospital—resume home dose			X	
Acetaminophen	650 mg PO q4h prn	For pain or fever—has not used for 24 hr			X	
Ondansetron	4 mg q4h prn	For nausea/vomiting—has not used for 24 hr			X	

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Glyburide	5 mg PO BID AC	Now taking insulin			X	
Benazepril	10 mg PO daily at HS	For blood pressure	X			
Rosuvastatin	20 mg PO daily at HS	For cholesterol	X			
Black Cohosh	2 capsules PO daily at HS	For menopause	X			
Women's MVI w/iron	1 tablet PO daily at HS		X			
Cinnamon	1000 mg PO daily	For diabetes	X			
Fish oil	1000 mg PO daily	For cholesterol	X			
Famotidine	20 mg PO at HS prn	For reflux	X			

Pharmacy Medication Reconciliation Form

Patient Name: Ana Garcia Date of Birth: 1/17/1964 Room #: 325				Allergies: NKDA, flu vaccine makes her sick				Immunization History: Usual childhood vaccines Tetanus 9 years ago Shingles 2 years ago No flu vaccine—makes her sick COVID fully vaccinated and boosted	
Community Rx Info: Jayhawk Prescription Insurance: any				Social History: department store manager, married with 2 grown children, used to smoke 1-2 ppd but quit 10 yr ago, drinks coffee all day, 1-2 alcoholic drinks/night, no illegal drugs					
Complete Medication History Prior to Admission (write legibly)								Med Reconciliation	
Medication Name	Strength	Route	Freq	PRN?	Last Dose (date/time)	Adverse Effects	Adherence	Action	*Reason for discontinue, hold, modify
Glyburide	5 mg	PO	BID AC		Not sure	No	Misses frequently	D	Started insulin
Benazepril	10 mg	PO	Daily at HS		Last night at home	No	Remembers	M	Change to formulary alternative Lisinopril 10 mg PO daily
Rosuvastatin	20 mg	PO	Daily at HS		Last night at home	No	Remembers	C	
Black Cohosh	2 capsules	PO	Daily at HS		Last night at home	No	Remembers	H	Not formulary, not medically necessary dietary supplement
Women's MVI w/iron	1 tablet	PO	Daily at HS		Last night at home	No	Remembers	M	Change to formulary alternative Vitamax
Cinnamon	1000 mg	PO	Daily with a meal		Last meal at home	No	remembers	H	Not formulary, not medically necessary dietary supplement
Fish oil	1000 mg	PO	Daily with a meal		Last meal at home	No	Remembers	H	Not formulary, not medically necessary dietary supplement
Famotidine	20 mg	PO	HS prn reflux	X	Unknown	No	Prn	M	Taking as GI prophylaxis while in hospital
Additional Notes:								Action Key - C: Continue D: Discontinue* H: Hold* M: Modify* (*provide reason)	
Med History obtained by (sign and print name):								Date:	

Medication Reconciliation – (Finalized Medication List = Hospital Orders)

Patient Name: **Ana Garcia**

DOB: **1/17/1964**

Room: **325**

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	Insulin Lantus	15 units	SC	At bedtime daily	
2.	Insulin Lispro	5 units	SC	Before each meal	
3.	IV D5-1/2NS	60 ml/hr	IV	Continuous infusion	
4.	Enoxaparin	40 mg	SC	Daily	
5.	Famotidine	20 mg	PO	BID	
6.	Acetaminophen	650 mg	PO	Q4h prn	
7.	Ondansetron	4 mg	PO	Q4h prn	
8.	Lisinopril	20 mg	PO	HS	Formulary substitution
9.	Rosuvastatin	20 mg	PO	HS	
10.	Vitamax	1 tab	PO	HS	Formulary substitution

****Must be written legibly for grading****

iSBARR Form

i	Introduction (name/title/unit)	Hello, my name isand I am the pharmacist working on this unit today.
S	Situation	I am concerned that Ana Garcia is at risk for bleeding.
B	Background	She was admitted two days ago with DKA and started on insulin. She is using enoxaparin 40 mg SC for DVT prophylaxis. However, her renal function has decreased since her admission and has dropped below 30 ml/min.
A	Assessment	It is recommended that the enoxaparin dose be decreased if the creatinine clearance is less than 30 ml/min.
R	Recommendation	I recommend that we decrease her enoxaparin to 30 mg SC daily until her renal function improves.
R	Repeat	OK, I will adjust the enoxaparin dose to 30 mg SC daily. Thank you!

Note: there are other possible iSBARR scenarios with this case—decreasing famotidine dose, discontinuing home glyburide, and possibly others. If you came up with something other than what is listed here, ask your instructor if it would be appropriate.

Jayhawk Medical Center Medication List and Instructions

Patient Name: Ana Garcia		
Admission Date: 9/XX/20XX	Discharge Date: 9/XX/20XX	Service: renal
Principal Diagnosis This Admission: diabetic ketoacidosis		
Secondary Diagnosis: renal dysfunction		
Allergies (reactions): NKDA, flu vaccine makes her sick		

Medications added this visit: (begin taking these)
Insulin Lantus Insulin Lispro

Medications changed this visit: (modify what you previously were taking)
Medications discontinued this visit: (stop taking these)
Glyburide

FINAL DISCHARGE MEDICATION LIST					
MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	Comments	Morning	Afternoon	Evening	Bedtime
Insulin Lantus--inject 15 units subcutaneously at bedtime nightly	Take this every night, whether you eat or not.				15 units
Insulin Lispro--inject 5 units subcutaneously before each meal	Take 15 minutes before eating. Do not take it if you do not eat, and if you take it you need to eat something.	5 units before breakfast	5 units before lunch	5 units before supper	
Benazepril 10 mg—take 1 tablet by mouth daily at bedtime	For blood pressure				1 tablet
Rosuvastatin 20 mg—take 1 tablet by mouth daily at bedtime	For cholesterol				1 tablet
Black Cohosh--take 2 capsules by mouth daily at bedtime	For menopause				2 capsules
Women's Multivitamin w/minerals—take 1 tablet by mouth daily at bedtime					1 tablet
Cinnamon 1000 mg—take 1 capsule by mouth once daily	For diabetes	1 capsule			
Fish Oil 1000 mg—take one capsule by mouth once daily		1 capsule			
As needed medications					
Famotidine 20 mg—take 1 tablet by mouth at bedtime as needed	For reflux				